



**Holy Infant Parish**  
 Religious Education Program  
 PO Box 398/34 Third Street  
 York Haven, PA 17370  
 Phone: 717-266-5286

**OFFICE USE:**  
 \_\_\_\_\_ Sponsor Form  
 \_\_\_\_\_ Baptismal Certificate

**CONFIRMATION REGISTRATION FORM 2015-2016**  
**DUE BY SEPTEMBER 13, 2015**

**Child's Information:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last Name First Name Middle Name Date of Birth

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Baptism \_\_\_\_\_  
 Date of Baptism Catholic Church City/State

**Please Note:**

- If your child was baptized in a church other than Holy Infant, please **submit a copy of his/her Baptismal Certificate**. Confirmation can not be received without a copy of this certificate on file.
- If your child was not baptized in a Catholic Church, please notify the Director of Religious Education.
- **Your child must choose a Confirmation name. This name should be of a saint . Your child will be asked to submit a report about that saint at a later time.**

**Confirmation Name:** \_\_\_\_\_

**Family Information:**

Family Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State Zip Code

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

**Sponsor Information**

\_\_\_\_\_  
 Sponsor's Name Name and Location of Sponsor's Parish

\_\_\_\_\_  
 Home address of Sponsor

**A SPONSOR CERTIFICATE FROM THE SPONSOR'S PARISH MUST ACCOMPANY THIS FORM**

